

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016200

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 264 Primary Registration District No. 5891 Registrar's No. 22

VS 300  
Rev. 4/59

0770

20770

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94214

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12 90-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

FILED MAY 14 1962

a. COUNTY OZARK

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN BRIDGES TWP

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Home

Length of stay in 1b  
Life

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY OZARK

c. CITY OR TOWN Mammoth

d. STREET ADDRESS (If outside, give location)  
Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)  
First Middle Last  
MACK Mediath Anderson

4. DATE OF DEATH  
Month Day Year  
May 5, 1962

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7-24-1890

9. AGE (last birthday)  
72

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farm

11. BIRTHPLACE (City and state or country)  
Mammoth, Mo

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
Crawford Anderson

13b. MOTHER'S MAIDEN NAME  
Dulcia Sims

14. NAME OF HUSBAND OR WIFE  
Eunice McNiel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Eunice Anderson, Mammoth

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Decompensation

INTERVAL BETWEEN  
ONSET AND DEATH  
6 mo

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Valvular heart disease

?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION  
COUNTY STATE

21. I attended the deceased from 11/20/61 to 5/5/62 and last saw her alive on 5/1/62  
Death occurred at 7:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
M. J. Hoerman MD

22b. ADDRESS  
Gainesville, Missouri  
22c. DATE SIGNED  
5/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
5-7-62

23c. NAME OF CEMETERY OR CREMATORY  
Mammoth

23d. LOCATION (City, town, or county) (State)  
Mammoth Mo.

24. FUNERAL DIRECTOR  
ADDRESS  
Clinkingbeard, Gainesville, Mo

25. DATE RECD. BY LOCAL REG.  
5/11/62

26. REGISTRAR'S SIGNATURE  
Lou Anna Wade

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Clary*  
\_\_\_\_\_

Licensed Embalmer No. 4885

P. O. Address

*Gainesville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit obtained OES*